

# **Mainstreaming of HIV and AIDS in Municipal Integrated Development Plans**

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## **Declaration**

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## **ABSTRACT**

This research aims at unpacking the phenomenon of HIV and AIDS mainstreaming in Municipal Integrated development plans, but it also acknowledges that differently resourced municipalities have different understanding of mainstreaming. Not only this, depending on the impact and the level of expertise available at municipal management level, interpretations of these impacts have different budgetary, planning and implementation responses.

Given the multitude of research and insights already done by reputable institutions, I decided to confine the assessment to seven municipalities consisting of two Metros, and two district and three local municipalities in four provinces and the analysis of nine integrated development plans focusing on the 2010-2011 financial year end.

The intention was to concentrate on municipalities that could provide a general impression of activities, budgets, and resource constraints given the location of the municipality and its differing resource base. What resulted are findings which speak to a colossal of challenges faced by municipalities as they attempt to fulfill the service delivery mandate while at the same time endeavour to address HIV and AIDS issues and its related impacts.

## **OPSOMMING**

Die doel van die navorsing was om te bepaal op welke wyse MIV/Vigs programme op groot skaal uitgerol kan word binne Munisipale gebiede. Dit studie het ook van die vertrekpunt uitgegaan dat verskillende Munisipaliteite verskillende behoeftes het wanneer dit kom by die grootskaalse implementering van MIV-programme. Die vlakke van kennis binne die verskillende munisiplaiteit speel ook 'n rol in die suksesvolle implemetering van hierdie programme.

Baie navorsing is reeds op hierdie gebied gedoen en sekere van die bevindings van vorige studies word in hierdie navorsingsprojek bespreek. Hierdie studie is beperk tot sewe munisipaliteite, insluitend twee Metros, en twee distrikte en drie plaaslike munisipaliteite in vier provinsies in Suid-Afrika. Die planne vir 2011 -2012 binne nege munisipaliteite is ook vir die doel van hierdie studie ontleed.

Die studie is beperk tot die algemene indruk van aktiwiteite, begrotings and infrastruktuurbeperkings van die munisipaliteite in die verskillende gebiede. Resultate het baie groot uitdagings aangedui. Indien munisipaliteite die uitdagings van MIV/Vigs suksesvol wil aanspreek sal daadwerklik stappe dringend geneem moet word.

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## Abbreviations

<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>
<b>DoH</b>	<b>Department of Health</b>
<b>DPLG</b>	<b>Department of Provincial and Local Government</b>
<b>ETU</b>	<b>Education and Training Unit</b>
<b>GTZ</b>	<b>German Technical Cooperation Agency</b>
<b>HALOGEN</b>	<b>HIV/AIDS and Local Government Network</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>IDP</b>	<b>Integrated Development Plan/Planning</b>
<b>RSA</b>	<b>Republic of South Africa</b>
<b>NACOSA</b>	<b>National Aids Coordinating Committee</b>
<b>SANAC</b>	<b>South African National Aids Council</b>
<b>IDC</b>	<b>Interdepartmental Committee</b>
<b>DPSA</b>	<b>Department of Public Service and Administration</b>



## **Chapter 1: Introduction**

### **1.1 Introduction**

HIV and AIDS remains a serious problem for local government. On one hand its repercussions have dire impacts for those infected while on the other it remains a consideration for all affected as well.

It was estimated that 5.6 million people were living with HIV and AIDS in South Africa in 2009. It is believed that in 2009, an estimated 310,000 South Africans died of AIDS. Prevalence is 17.8 percent among those aged 15-49, with some age groups being particularly affected. Almost one-in-three women aged 25-29, and over a quarter of men aged 30-34, are living with HIV. HIV prevalence among those aged two and older also varies by province with the Western Cape (3.8%) and Northern Cape (5.9%) being least affected, and Mpumalanga (15.4%) and KwaZulu-Natal (15.8%) at the upper end of the scale, (UNAIDS, 2010)

It is in line with the mandate assigned to municipalities as part of the vision of developmental local government that municipalities are expected to be active role-players in all efforts to prevent the spread of HIV and to mitigate the negative consequences of AIDS for communities, (German Technical Agency (GZT) 2007).

Section 152(1) also assigns local authorities' a 'developmental duty' to promote 'social and economic development' and 'a safe and healthy environment', as well as fulfilling other responsibilities that clearly suggest some responsibility regarding human mobility. The White Paper on Local Government, 1998, proposes that municipalities should think of themselves as 'developmental local government'. In this regard municipalities clearly have a role to play in terms of addressing HIV/AIDS at local level.

### **1.2 Background and rationale of the study**

Multi-sectoral responses to HIV/AIDS interventions worldwide are proving to be a more effective way in dealing with susceptibility to HIV infection as well as mitigating the burden of the disease on affected communities (UNAIDS, 2005) .

Mainstreaming HIV/AIDS at the local government level as a multi-sectoral response offers long lasting solutions to the pandemic as compared to health or biomedical interventions alone. Local level mainstreaming efforts are able to address the factors that drive the pandemic within the broader development context or the 'social ecology' of HIV/AIDS (Van Donk, 2006).

The importance of mainstreaming HIV/AIDS at the local government level is strategic; as an institution of governance, 'developmental local government' in the South African context implies that municipalities are mandated by the constitution to provide essential services to communities such as water, sanitation and adequate housing in a democratic and accountable manner (RSA, 1998).

Within this vision of 'developmental local government' according to the Municipal Systems Act of 2000, the operations and functions of municipalities are ideal mechanisms that can be used to address HIV/AIDS from a developmental angle, taking into account a wide variety of socio-economic factors that are causal factors of HIV/AIDS.

Integrated development planning as one of the core functions of local government as stipulated in the Municipalities Systems Act of 2000 (RSA, 2000) offers an ideal avenue for mainstreaming HIV/AIDS. Integrated development plans (IDP's) as strategic planning instruments that guide and inform all planning, management and development issues in municipalities IDP's can be used to target the development needs of communities, with a focus on tackling factors that influence both susceptibility and vulnerability to HIV/AIDS.

Integrated development planning as an instrument has the inherent capacity of tackling the roots of societal underdevelopment and poverty, manifestations of inequality such as lack of adequate housing, etc., factors which 'drive' the disease. By addressing societal developmental concerns with a focus on HIV/AIDS, integrated development plans can be used to integrate or *mainstream* HIV/AIDS in the development projects of municipalities with the specific aim of reducing both vulnerability and susceptibility to the pandemic.

Mainstreaming HIV/AIDS in IDP's at the municipal level ensures that HIV/AIDS becomes part of the core business of a municipal sector as addressed in the key functions of sectors such as (i.e. sector planning, budgeting, workplace HR policies, curriculum, human resources, legislation, monitoring and evaluation).

The process of mainstreaming involves identifying entry points in existing programmes in municipalities, through which HIV/AIDS interventions can be integrated into municipal

programmes without changing their core business (Elsey & Kutengule, 2003; UNDP, 2005). Development programs in municipal sectors such as housing, water and sanitation, etc. can be used to target both the social impacts of HIV/AIDS, as well as the ‘environmental’ factors that drive the epidemic.

**Effective mainstreaming** means that all departments in the municipality are able to successfully integrate HIV/AIDS into their day to day operations, giving consideration ‘*to how their day to day work contributes to vulnerability to HIV infection, and how their work impacts on people’s ability to cope with HIV/AIDS*’ (Halogen, 2009).

The Framework for an Integrated Local Government Response to HIV and AIDS, (2007) states that HIV/AIDS mainstreaming is an approach whereby HIV and AIDS is seen through a development and governance lens, which require a shift from a narrow focus on bio-medical and behavior change responses. It further states that this approach requires some attention to the causes of and consequences of the epidemic as they relate to development and governance conditions in the society.

It thus calls for municipalities to analyse how HIV and AIDS impacts on themselves as organisations and on their core work, currently and in the future and also to determine how they can respond in terms of their core work and with their comparative advantage. Section 153(a) of the Constitution, assigns municipalities a responsibility to ‘structure and manage its administration, budgeting and planning processes to give priority to the basic needs of their communities and to promote the social and economic development of the community.’ Municipalities are required to use ‘integrated development planning’ as a tool to plan future development in their areas.

The Department of Cooperative Governance’s framework on HIV and AIDS mainstreaming in local government, (2007) encourages municipalities to change the way they perceive their role in dealing with HIV and AIDS. The framework states that if HIV and AIDS affect the development of municipalities then this is a reason enough to integrate its management in their developmental

plans and strategies. It is against this backdrop that the Researcher is executing this study in order to gauge understanding on how municipalities are responding to the issue of HIV and AIDS.

### **1.3 Research Problem**

Since IDPs are overarching plans meant to guide all developmental activities within the municipal area, HIV and AIDS needs to be reflected in the Plan. This implies that, the priorities and strategic thrust of the IDP be reviewed to ensure that they respond to a range of place-specific drivers of HIV susceptibility and vulnerability.

Alongside, the review of IDP, the municipal budget, organogram and municipal systems also need to be adjusted to respond to the implications of internal and external dimensions of HIV/AIDS challenges.

It should be noted that there is no budget allocated for the delivery of the functions that are regarded as developmental including HIV/AIDS related issues. Thus far, some municipalities are reluctant to respond to the epidemic, whilst others have raised concerns regarding the delivery of functions that are regarded as unfunded mandate.

It should however, be taken into consideration that municipalities capacity to respond to the epidemic vary, and thus, the manner in which they respond to this issue would vary. This study then intends to establish the extent to which municipalities are responding to the HIV/AIDS epidemic since 2009 to 2011.

### **1.4 Research Question**

The research question for this study was, to what extent are municipalities mainstreaming HIV/AIDS in Integrated Development Plans (IDPs)?

## **1.5 Significance of the Study**

Municipalities have concerns raised including that HIV/AIDS is a health issue and should be handled by the Department of Health or one of the other two spheres of government. They have expressed amongst other concerns that they have limited or no capacity (financial and personnel) at all to deliver on this function.

The unavailability of funding allocated for the integration of HIV/AIDS restricts their ability to progressively deliver on this function. In this regard some of the municipalities that attempt to address this issue are managing it only on a project basis, for example, a commemoration of the World AIDS Day or as one small project funded by donors. The impact that is achieved by this initiative is not known.

It is thus maintained that understanding how municipalities respond HIV/AIDS epidemic will assist policy makers and implementers to determine if the original policy objective is being achieved or not; if not why that is the case and design appropriate interventions. The United Nations, 2006 defines the analysis of government policies as an inexact process wrought with uncertainties.

It is, however, an essential segment of social learning and adaptation that brings attention to the complex relationship between decision making and environmental outcomes.

## **Chapter 2 Review of the literature**

### **2.1 Introduction and Background**

South Africa has the fastest growing HIV-prevalence rate in the world and the AIDS epidemic will directly threaten the economic development and social security of the country (South African Local Government Association (SALGA), South African Cities Network (SACN) & the department of provincial and Local Government (DPLG), 2005). Therefore, HIV and AIDS is acknowledged as one of the major challenges facing South Africa today (Department of Health (DoH), 2006). It is estimated that about 5.6 million South African citizens, the highest than any other country, are living with HIV/AIDS.

The history of HIV and AIDS in South Africa is reported to be perhaps the most controversial of any country. It is littered with examples of government inaction and harmful interference, pseudoscience, and conflict between politicians, AIDS organizations and scientists. The after-effects of some two decades of counterproductive policies are still being felt today in a country that has the world's largest HIV epidemic.

Despite the controversies surrounding the history of HIV/AIDS in South Africa, the developmental impact thereof cannot be denied. HIV/AIDS is one of the biggest challenges facing the country and has the prospects of reversing the development gains made since 1994 (Education & Training Unit (Etu), 2007). Accordingly, municipalities as development agents cannot afford to turn a blind eye on this pandemic if development ought to be sustainable.

The severity of the impact of the scourge of HIV and AIDS is closely linked with a country's level of socio-economic development. In South Africa, the impact as in other poor areas is worsened by the region's poverty, low status of women and other socio-economic factors (Department of Health (DoH), 2006). Developmental local government is as a delivery sphere is largely and directly affected by the pandemic and therefore has a role to play in preventing and dealing with the scourge of HIV and AIDS.

However, a local government response to HIV and AIDS in the absence of a local government guiding framework has been different or lacking across municipalities.

The developed frameworks and guidelines on local government responses to HIV and AIDS point out that local government must mainstream HIV and AIDS both internally through their labour policies and externally through the Integrated Development Plan (IDP).

## **2.2 Impact of HIV and AIDS on Municipalities**

Local Government as a sector is particularly susceptible and vulnerable to the social and economic impact of HIV and AIDS due to its direct links with communities (rural and urban). Individuals, families and communities are badly affected by the epidemic. The impacts of HIV/AIDS on local governments are normally understood and analysed from two perspectives relating to how HIV and AIDS affect municipalities as institutions and secondly on communities.

Institutionally, HIV and AIDS may result in staff absenteeism, implications on turn over, lower productivity, reduced capacity for service delivery, and financial costs to the municipality on recruiting and training of new employees. Externally, HIV and AIDS impacts on residents of municipalities thus resulting in an increasing demand for, and supply of, services that municipalities provide or do not provide. On the demand side, HIV/AIDS can be expected to result in a greater demand for municipal services and support, such as health care, poverty alleviation, and indigent concessions. In addition, the nature of services required by residents may change as a result of HIV/AIDS (Isandla Institute, 2007).

The burden of care falls on the families and children of those who are ill. Often they have already lost a breadwinner and the meagre resources they have left are not enough to provide care for the ill person and food for the family.

The pandemic affects all aspects of development and threatens the country not to meet the Millennium Development Goals (Department of Provincial and local Government (DPLG), 2007; Education and Training Unit (Etu), 2007).

Children drop out of school and are deprived of both parental care and financial support. The orphaned children then become a burden to the state and put pressure on municipalities to deliver free basic services. It is estimated that most of the people who are dying of the pandemic are mainly young adults. This has serious consequences for local socio-economic development and the economy.

The welfare and health system may not be able to cope with the number of orphans who need grants. It is already reported that in parts of Kwa-Zulu Natal and Gauteng almost half of hospital beds are taken by people who are ill from AIDS (Education and Training Unit (Etu), 2007).

### **2.3 Government Responses to HIV and AIDS**

The Government of South Africa, guided by the rights based Constitution of RSA is actively involved in fighting HIV and curbing new infections. The ravaging socio-economic development effects of HIV and AIDS has prompted government together with welfare and other organizations to develop responses to the AIDS crisis; to this effect various Frameworks have been developed to assist government to integrate HIV/AIDS considerations into planning.

National government responses to deal with the impact of HIV and AIDS can be traced back to the establishment of the National Aids Coordinating Committee of South Africa (NACOSA) in 1992 whose strategy was endorsed by Cabinet in 1994. The NACOSA Plan mainly focused on a health sector only and disease specific approach to dealing with HIV and AIDS. In 1997, government conducted a review of the strengths and weaknesses of the NACOSA health specific only and disease approach to HIV and AIDS.

The review found that HIV and AIDS was more than a health issue and suggested that there should be capacity building for implementing agencies including municipalities, increase political commitment across the three spheres of government, increase the involvement of People Living with HIV (PLWH) in government planning and strengthen integration across all sectors (DoH, 2006).



Government commitment to tackling the pandemic was further illustrated in the implementation of the recommendations of the NACOSA Plan Review. The recommendations suggested the establishment of Provincial AIDS Coordinators, the establishment of an Inter-Ministerial Committee on AIDS, the launching of the Partnerships Against AIDS in 1998, the development of other national policies responsive to the pandemic, including the Syndromic Management of STIs, the Strategic Framework for a South African AIDS Youth Programme and the establishment of the following bodies the South African Vaccine Initiative (SAAVI) in 1998, the South African National AIDS Council and the National Interdepartmental Committee on HIV and AIDS.

In 1999, a National Strategic Plan 2000-2005 was developed to be a torch bearer in the implementation of the responses to mitigating HIV and AIDS. The aim of the National Strategic Plan of 2000-2005 was to strengthen the implementation of the recommendations of the NACOSA Plan Review as well as to enhance the National Response to HIV and AIDS and STIs (DoH, 2006).

The NSP 2000-2005 paved the way for the 2007-2011 NSP whose mandate was to guide South Africa's AIDS response to HIV and AIDS and STI's in the period 2007-2011. A New Strategic Plan on HIV, STI's and TB 2012-2017 has been developed. This NSP 2012-2017, unlike the 2007-2011 NSP speaks more on the role of municipalities in dealing with the scourge.

#### **2.4 National Strategic Plan 2007-2011**

From the NACOSA Review, South Africa has agreed that HIV and AIDS is not a health sector issue alone and the NSP 2007-2011 emphasizes this when it states that "NSP 2007-2011 is not a plan for the health sector alone. Instead, it seeks to be relevant to all agencies working on HIV and AIDS in South Africa, within and outside the government. The underlying basic premise is the recognition that no single sector, ministry, department or organisation can by itself be held responsible for the control of HIV and AIDS".

Therefore the NSP 2007-2011 envisages that all government departments across the three spheres of government will use the NSP 2007-2011 as a guide to develop their own HIV and AIDS Strategic and Operational Plans to achieve a focused, coherent, country-wide approach to fighting HIV and AIDS (DoH, 2006). Though important, the NSP 2007-2011 does not clearly outline the role of local government in dealing with HIV and AIDS through mainstreaming.

## **2.5 National Strategic Plan 2012-2017**

The NSP is the strategic guide for the national response to HIV, STIs and TB for the next five years. The plan addresses the drivers of the HIV and TB epidemics and builds on the achievements of the previous NSPs to achieve its goals. Unlike its predecessor, the NSP 2012-2016 aims to inform national, provincial, district and community-level stakeholders on *strategic directions* to be taken into consideration when developing implementation plans (DoH, 2011).

Accordingly, the NSP 2012-2016 asserts that “government, in its entirety, has the responsibility for defining the development agenda of the country and for ensuring the achievement of the nation’s development goals and objectives. Given the profound impact of HIV and TB, and the huge burden of disease attributable to these epidemics, every government department (at national, provincial and municipal levels) has a critical role to play in addressing the social, economic and structural factors driving these diseases”.

This new NSP under strategic objective one seeks to Mainstream HIV and TB and its gender- and rights-based dimensions into the core mandates of all government departments including local government and all other sectors of SANAC; an issue that was not dealt with in the NSP 2007-2011. Finally, the NSP will guide all stakeholders in the development of implementation plans that will reflect their specific contributions to the achievement of the NSP. These plans will be costed and resources mobilised to support implementation (DoH, 2011).

## **2.6 Government HIV and AIDS Coordinating Structures**

In line with the government's commitment to tackling HIV and AIDS; government has set up HIV and AIDS structures operating at various levels to manage responses to HIV and AIDS in line with the guiding principles set out in the NSP. The HIV and AIDS structures perform different functions and are important mechanisms for government for dealing with the pandemic in the country.

Though all important, the most notable HIV and AIDS structures and bodies include the South African National AIDS Council (SANAC), the Interdepartmental Committee on HIV and AIDS (IDC), Provincial HIV/AIDS Structures as well as District and Local AIDS Councils chaired by district and local mayors respectively (DPSA, 2002).

Municipalities across the country are trying to set up Local Aids Councils to develop a coherent strategy and action plan to deal with HIV and AIDS in their areas of jurisdiction.

In line with the multi-partnership approach advocated by the NSP 2007-2011, a Local AIDS Council should link with all local organisations, religious organisations, schools and businesses (DoH, 2007-2011; Etu, 2007).

## **2.7 Local Government Mandate on HIV and AIDS**

The combined reading of the Constitution of South Africa and local government statutes inherently mandates our system of “developmental” local government to play both an active and proactive role in HIV and AIDS prevention and mitigation (City of Jo'burg, Undated; DPLG, 2007).

Firstly, the mandate of local government in relation to HIV and AIDS is expressed in section 152 of the constitution in relation to the objects of developmental local government then followed by section 153(a) that requires municipalities to ‘structure and manage its administration, budgeting

and planning processes to give priority to the basic needs of their communities and to promote the social and economic development of the community (RSA, 1996).

HIV and AIDS as well as development are both human rights issues. Developmental local government like any other sphere of government therefore has a role in upholding citizens' rights as enshrined in the rights based Constitution. Accordingly, the mandate of local government in relation to HIV and AIDS can be seen in the subsequent local government statutes.

The White Paper On Local Government outlines the vision for developmental local government and requires municipalities to ensure that all citizens received at least the minimum levels of basic services, that democracy and human rights are promoted, and that economic and social development are facilitated (Republic of South Africa (RSA), 1998).

Thirdly, the Municipal Systems Act 32 of 2000 establishes a clear framework for the core processes of planning, performance management, resource mobilization and organizational change within municipalities. IDPs are intended to be the planning instrument for integration and co-ordination at the local level between the different spheres of government. This positions the IDP as the primary vehicle for developing and implementing local level responses to HIV and AIDS (RSA, 2000; DPLG, 2007).

Lastly, municipalities as work places are regulated by specific labour laws such as the Employment Equity Act 55 of 1998; Labour Relations Act 66 of 1995; Occupational Health and Safety Act 85 of 1993 and Compensation for Occupational Injuries Act 130 of 1993 that require employers to implement in the work place, measures that respond to HIV and AIDS.

The then Department of Provincial and Local Government (DPLG) now Department of Cooperative Governance (DCOG) as a custodian of local government in South Africa is aware of the mandate of developmental local government in relation to HIV and AIDS and encourages municipalities to change the way they perceive their role in dealing with HIV and AIDS.

To this end, DCOG developed a Framework on HIV and AIDS Mainstreaming in Local Government, 2007) that states that if HIV and AIDS affect the development of municipalities then this is a reason enough to integrate its management in their developmental plans and strategies. It is against this backdrop that the Researcher is executing this study in order to gauge understanding on how municipalities are responding to the issue of HIV and AIDS (DPLG, 2007).

## **2.8 Dealing with HIV and AIDS: A Municipal Perspective**

Though municipal responses have been slow, it is now widely recognised that HIV/AIDS is not only a human tragedy, but a development dilemma as well (Isandla Institute, 2007). HIV/AIDS is a daily reality to millions of people; one is either infected or affected by the ravaging effects of this scourge that threatens human prosperity. Governments across the three spheres of government therefore are affected by the pandemic and have to take reasonable steps to ensure that their planning is responsive to the effects of HIV/AIDS. HIV/AIDS in South Africa is considered a national emergency on a scale that is difficult to comprehend (Halogen, 2009).

Government responses to HIV/AIDS has mostly been on pragmatic or medical terms mainly concerned with providing condoms, raising awareness, doing voluntary counselling and testing; and more recently providing anti-retroviral drugs to HIV/AIDS sufferers (Halogen, 2009). The HIV/AIDS scourge is more than a medical or health issue as it affects all spheres of government particularly local government. Accordingly, HIV/AIDS should therefore be at the top of the agenda of developmental local government in South Africa (Halogen, 2009).

An IDP is a principal strategic planning instrument which guides and informs all planning, budgeting, management, and decision making in a municipality (DPLG, Undated). Therefore, for HIV/AIDS to be on top of the agenda of developmental local government; HIV/AIDS should be mainstreamed and find expression in municipal IDPs to inform programmes and projects to give rise to more equitable and sustainable socio-economic development as envisaged by the Constitution regarding the objects of developmental local government (Constitution of RSA, 1996).

According to Halogen, if the municipality does not acknowledge through mainstreaming HIV/AIDS into programmes and projects in the IDP that the environment in which it operates is affected or has potential to be affected by HIV/AIDS; the IDP then becomes a misleading guide devoid of the daily realities of many people who are either living with or affected by the HIV/AIDS pandemic (Halogen, 2009).

The Education and Training Unit states that “Government, together with welfare and other organisations, has developed a response to the AIDS crisis. However, without a coherent and collective approach at local level their efforts will not achieve as much as it could. Municipalities should ensure that all planning and projects take account of AIDS and its consequences. Our Integrated Development Plans must deal with the issues around poverty and development that assist in the rapid spread of HIV and AIDS.

As employers we should also make sure that our own employees are adequately protected and that we have workplace policies and programmes that spread awareness, provide care and educate around prevention and non-discrimination”.

## **2.9 Local Government Responses to HIV and AIDS through Mainstreaming**

Though not explicit on the role of local government, the National Strategic Perspective 2007-2011 asserts that an understanding of the nature, dynamics, and characteristics of an epidemic is critical in informing strategies that can be reviewed and adopted to fit local conditions (DoH, 2006). This assertion coupled with the impact of the pandemic on and mandate of local government in relation to HIV and AIDS surely it then follows that local government has to respond accordingly. Local government responses to HIV and AIDS are to be done mainly through mainstreaming (DPLG, 2007).

Mainstreaming HIV/AIDS can be defined as the process of analysing and contextualising how HIV and AIDS impact on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage (HEARD, 2003). Therefore, according to the DPLG, 2007) “mainstreaming is meant to complement HIV and

AIDS programming, as it is about planning and implementing development and governance interventions that support biomedical and behavioural change interventions”.

At the most basic level, mainstreaming means ensuring that developmental local governance proactively tackles conditions of marginalisation and vulnerability in the municipal area (DPLG, 2007). The above definition of mainstreaming indicates a process of using existing resources such as the IDP to direct managers in addressing the development impacts of HIV and AIDS on sustainable development of communities (SALGA, SACN & DPLG, 2005).

Mainstreaming is understood to be referring to bringing something into the one's main areas of work as opposed to treating it only as a special side-issue with its own dedicated programmes. It is often used to describe what we have to do to achieve integration of gender issues in all policies and programmes. Thus HIV and AIDS mainstreaming, is an approach whereby HIV and AIDS is seen through a development and governance lens as opposed to it being viewed as a separate and stand alone health issue.

Mainstreaming as an approach to HIV and AIDS requires municipalities, to analyse how HIV and AIDS impacts on themselves as organisations and on their core work, and to determine how they should respond.

The concept of mainstreaming is based on the understanding that HIV and AIDS is not merely a health issue and that education and awareness around prevention is not enough to stop the rapid spread of the disease and deal with its consequences. To deal with the negative impacts of the epidemic, we need sustained, equitable and inclusive socio-economic development. This means that all sectors, including those that traditionally are not considered to have a bearing on health issues, have a role to play in responding to HIV and AIDS.

Mainstreaming requires all municipal departments to look at their core work through the lens of HIV and AIDS and to take HIV and AIDS causes and effects into account during all stages of the municipal planning, implementation, budgeting, and monitoring and evaluation process. Mainstreaming should be taking place in both the internal functioning of a municipality, and the externally focussed service delivery work.

The IDP is about municipalities identifying their priority areas/problems such as the social and economic impact of HIV and AIDS on the communities to determine the appropriate alignment

of the strategic goals and objectives towards the overall organizational vision and mission statement of the Municipality in addressing these areas or problems through the implementation of targeted interventions and projects.

For a municipality, mainstreaming HIV and AIDS can be done through the inclusion of HIV/AIDS considerations in planning most notably through the IDP as an overarching development of a municipality. Through this, the IDP then becomes an alignment of processes to maximize socio-economic development impact within the communities (SALGA, SACN & DPLG, 2005).

However, the notion of Integrated Development Planning in South Africa is relatively new dating back to the establishment of the system of developmental local government in 2000 (RSA, 2000; Halogen, 2009). Accordingly, the mainstreaming or attempt thereof of HIV/AIDS in South African municipalities has often been lacking or riddled with challenges or followed a “one size fits all approach” that disregarded the varying development contexts across municipalities (Halogen, 2009).

The Isandla Institute (2007), states that “municipalities in general have been slow to recognise the developmental implications of HIV and AIDS. Consequently, most municipal responses to date have not been sufficiently comprehensive in addressing the context of vulnerability to HIV and in providing the necessary support that will allow individuals, households, organisations and institutions to cope with the consequences of the epidemic”.

To respond to this challenge, the South African government has come up with various frameworks that seek to help local government deal with HIV/AIDS through internal and external mainstreaming.

## **2.10 Internal Mainstreaming of HIV and AIDS**

South Africa has a good legislative framework for responding to HIV/AIDS in the workplace. According to the former Minister of the Department of Public Service and Administration, Ms.



Fraser-Moleketi “the impact of HIV/AIDS and other chronic diseases is being felt in the country as a whole, and the workplace is no exception.

With infection rates still on the increase, departments including local government must be prepared to deal effectively with HIV/AIDS so as to maintain high productivity and service delivery levels whilst avoiding discrimination of those infected or affected (DPSA, 2002). All government departments have been mandated through various pieces of legislation to manage HIV and AIDS in the workplace.

Local government as a distinct and inter-dependent sphere of government is not immune from this mandate. Several documents, most notably the “Managing HIV and AIDS in the municipal workplace: A Guide for Local Government” and the “DPLG Framework for An Integrated Local Response to HIV and AIDS” have been developed to assist local government to respond effectively to the said mandate.

Local government has external and internal areas of focus when dealing with HIV and AIDS. The external focus is outward-looking and targets communities served by the municipality, the second area is the inward-looking internal focus focusing staff issues (SALGA, SACN & DPLG, 2005). This section will discuss both approaches.

The former mentioned of the two documents above serves as a practical and user-friendly guide for municipalities to plan, implement and monitor appropriate and effective responses to HIV and AIDS with the municipal institutional environment (SALGA, SACN & DPLG, 2005). The latter document, the DPLG Framework for An Integrated Local Government Response to HIV and AIDS, underpinned by principles such as legislative compliance seeks to ensure that local government understand and fulfils its constitutional and legal obligations with regard to HIV and AIDS through implementing relevant governance and development responses (DPLG, 2007).

The DPLG Framework on HIV and AIDS proposes two approaches; the internal and external mainstreaming of HIV and AIDS. According to the DPLG Framework on HIV and AIDS (2007: 15), “internal mainstreaming requires local government to ensure that the work environment is HIV and AIDS conscious through implementing measures to reduce the likelihood of employees

getting infected and to reduce the vulnerability of the organization to the impacts of the pandemic. This approach entails working with all staff to educate them about HIV and AIDS, ensuring access to VCT, and providing, or facilitating access to ART.

It also entails re-examining and adapting internal systems and procedures to reduce the negative impacts of HIV and AIDS on the organization, for example, reviewing Human Resource policies and succession planning. The aim of internal mainstreaming is to try to ensure that the organization can continue to operate effectively in the face of HIV and AIDS and continue to fulfill its mandated functions”.

## **2.11 External Mainstreaming of HIV and AIDS**

Local government is mandated to promote social and economic development (RSA, 1996). HIV and AIDS equally have an impact on communities and a potential to reverse development gains. Accordingly, the external focus of dealing with HIV and AIDS is very important if local government is to respond accordingly to the pandemic in communities.

The external mainstreaming of HIV and AIDS entails that local government with all line departments within municipalities to adapt their core work to take into account susceptibility to HIV infection and vulnerability to the impacts of AIDS amongst the communities within a municipal area.

Adapting core work does not mean fundamentally changing what local government does, but identifies the possibilities that exist within their core work for reducing susceptibility and vulnerability in the communities that they serve (DPLG, 2007).

It is believed that through mainstreaming, developmental local governance will then proactively tackle conditions of marginalization and vulnerability in the municipal area.

The NSP 2007-2011 suggests a multi-partnership response to HIV and AIDS. Accordingly, the DPLG further states that mainstreaming HIV and AIDS in the IDP requires a set number of principles and questions to guide the process to its desired end. At a minimum, the framework in line with the NSP 2007-2011 suggest that there should be an involvement of people living with

HIV and AIDS, affected households and Civil Society Organizations dealing with HIV and AIDS and that there should be greater political commitment (DPLG, 2007).

## **Chapter 3 Research Methodology**

### **3.1 Introduction**

“The research design (with which the data collection methods and methods of analysis and interpretation are closely intertwined) is the road map or blueprint according to which we intend achieving our research goal and objective” (De Vos 1998:99).

This chapter outlines the classification of the research design, research methodology, (including an explanation of the units of investigation), data analysis, sampling procedure, reliability and validity, ethical considerations and the limitations of the research design and methodology.

### **3.2 Methodology**

Within the sphere of local government, the application of participatory methodologies and the mainstreaming of HIV and AIDS consideration in the development, implementation and evaluation of integrated development plans (IDP) are major challenges. The methodology for this assessment consisted mainly of desk-top research, consultations with municipalities via telephone interviews where necessary, questionnaire and IDP analysis.

### **3.3 Units of investigation**

Questionnaires were sent to nine municipalities in nine South African provinces and only five responded, which consisted of two Metros, two Districts and one Local municipalities totaling to five responses. The same questionnaire was used to interview two municipalities. Nine Municipal Integrated Development plans (IDP) from four provinces were analysed.

### **3.4 Sampling procedure**

#### **Interviews and questionnaire**

Municipalities that participated in the study were randomly chosen. The research focused on seven municipalities (two through a telephonic interview and five via a questionnaire) covering all three levels of municipalities, Metro, district and local, with the intention of gaining a general overview of the challenges faced by municipalities and the institutional support in place or needed to facilitate better support to municipalities in need. For this reason it was decided that:

- Two Metros, Two Districts and 3 local Municipalities were selected in four different provinces
- The provinces were selected on the basis of current initiatives underway in the area, information available on Municipal activity and special circumstances in the area that could provide lessons for consideration.

Hence the seven Municipalities chosen and the reasons for choosing them are as follows:-

**Tshwane Metro Municipality-** Gauteng province- Because of the influx of illegal immigrants and their HIV and AIDS response. The leadership shown by the Mayor in chairing the Metro Aids council.

**Johannesburg Metro Municipality-** Gauteng Province- Because of its high population density and high influx of migrant workers and the diverse service needs requirements of the surrounding communities.

**Cacadu District Municipality-** Eastern Cape Province- Because of the support they are getting from many development partners such as the GTZ

**Inqguza Hill Local Municipality-** Eastern Cape Province- because of the support they were getting from the Centre for Municipal Research and Advice (CMRA).

**Gamagara Local Municipality-** Northern Cape Province- Because of the leadership shown by the HIV and AIDS champion at the provincial level and the impact HIV and AIDS could have on the management context of rural municipality.

**Hibiscus coast Local Municipality-** Kwa-Zulu Natal Province- Because of its location next to the coastal area

**Cape Winelands District Municipality- Western Cape Province-** Because of its location in the wine farming area and the impact of such an activity in the community.

### **Integrated Development Plans (IDP) analysis**

On establishing that the number of Municipalities participating in the study was too low, it was then decided that I also analyse the Municipal IDP's, in order to get a better picture of HIV and AIDS mainstreaming. Nine IDP documents were analysed from four provinces concentrating on the 2010-2011 financial year. The IDPs were chosen based on their availability. The chosen IDP's were from the following municipalities namely:-

Buffalo city municipality- Eastern Cape

Ethekwini municipality- Kwa-Zulu natal

Ugu district municipality- Kwa-Zulu Natal

Chris Hani district municipality-Eastern cape

Umsunduzi local municipality- Kwa-Zulu Natal

Emfuleni local municipality- Gauteng

Randfontein local municipality- Gauteng

Madibeng local municipality- North West

Joburg metro municipality- Gauteng

Out of the nine municipalities four are local municipalities, two are district municipalities and three are Metro municipalities. They were chosen on the basis of their location characteristics, apparent capacity and the nature of the HIV and AIDS programmes within their respective IDP's. One of the key criteria used for the selection of the abovementioned municipalities was that six municipalities are well resourced while the other three are relatively poorly resourced in order to identify and compare the different constraints faced by, and support needs of each type of municipality.

### **3.5 Data gathering techniques**

A desk-top analysis of nine municipal Integrated Development Plans (IDPs) was conducted to assess the level of planning and integration in relation to HIV and AIDS mainstreaming. A structured questionnaire was used and forwarded to respondents to gather their responses; the same questionnaire was used to conduct telephonic interviews.

### **3.6 Data analysis**

Both descriptive interpretive and descriptive account were employed in order to give us the current status on HIV and AIDS mainstreaming by municipalities and to describe what the trend is.

Grounded theory was also employed to enable us to develop a theory which will offer an explanation about HIV and AIDS mainstreaming and guidelines for municipalities.

### **3.7 Sources of information**

Documentation (IDP's from 9 selected municipalities, legislation and policy documents related to local government responses to HIV and AIDS)

People (interviewees and questionnaire respondents from selected municipalities, professional associates which consisted of colleagues in the field of HIV and AIDS)

Electronic (World Wide Web) to get more information on the subject of HIV and AIDS mainstreaming.

Personal knowledge and opinion on the subject.

### **3.8 Constraints and limitations of the research**

The assessment was conducted over the period of September 10 2011 to October 20<sup>th</sup> 2011. This presented constraints to proceeding with the research since many respondents were not responding to the questionnaire and were not available for interviews.

Some of the other difficulties experienced during the research were:

No responses to requests for interviews, despite repeated follow-ups. In some cases, respondents reported that they were too busy to be interviewed, while in other cases they referred requests for an interview to a colleague;

Respondents cancelling interviews at the last minute;

A general constraint on the assessment was the relatively limited time available to conduct research. This meant that it was not possible to explore the full range of issues in any great depth and some aspect of the research that were originally included in the research design had to be curtailed or left out. However, based on the range of respondents who filled in the questionnaire and interviewed, it is believed that the findings presented provide an accurate picture of the situation in each municipality with regards to their HIV and AIDS responses.

## **Chapter 4 Results and findings**

### **4.1 Introduction**

This chapter presents research findings sourced from the use of questionnaires, interviews and IDP analysis. The data outlined the concept of mainstreaming, its purpose and impact to municipalities. The patterns of results from the questionnaires that were received from the participating municipalities include themes and segments from the participants' statements which will be used to support these themes.

### **4.2 Discussion**

The discussion consist of the summary of findings, which is further divided into findings from the desktop analysis of municipal IDP's and questionnaire and interview findings and the concluding remarks from the researcher.

#### **4.2.1 Summary of main findings**

The discussion consists of an analysis of the results from the desk top analysis of the IDP's of 3 metro, 2 district and 4 local municipalities from four South African provinces, the analysis of questionnaires from five municipalities consisting of 2 metro, 2 districts and 1 Local municipality and an analysis of the interview responses conducted with IDP managers and HIV/AIDS Coordinators from the 2 municipalities. The findings will be divided into responses from a questionnaire and interview and IDP analysis.

#### **4.2.2 Desktop analysis of metropolitan, district and local municipalities IDP's.**

The results from the IDP desktop analysis can be divided into three main aspects: *HIV/AIDS related planning, the nature of programming responses to HIV/AIDS and variations in municipal responses to HIV/AIDS.*

##### **4.2.2.1Municipal HIV/AIDS planning**

The IDP review analyzed the extent of municipal HIV/AIDS planning in terms of both health programming and mainstreaming strategies employed as responses to the pandemic. The analysis also examined for the *effective planning* of the mainstreamed response- specifically looking at the extent of *municipal programming* and *sector planning* for HIV/AIDS; key indicators of a multisectoral response.



The Table 4.1 below shows a summary of findings from the IDP desktop review. The key findings shows the strength of each municipality's HIV/AIDS planning responses, according to the category in the table, rated into strong, average, weak and nonexistent.

**Table 4.1 Municipal HIV/AIDS planning strengths in IDP's.**

	HIV/AIDS as a strategic planning priority	HIV/AIDS in municipal indigent projects	Integration of HIV/AIDS in strategies	Medical responses to HIV/AIDS	Developmental responses to HIV/AIDS	Sector plans for HIV/AIDS
Metro 1	✓	✓	✓	✓	✓	✓
Metro 2	✓	✓	✓	✓	✓	✓
Metro 3	✓	✓	✓	✓	✓	✓
DM 1	○	○	○	■	○	○
DM 2	■	✓	○	■	○	○
LM 1	○	○	○	■	○	○
LM 2	✓	○	○	✓	■	✓
LM 3	■	✓	✓	✓	✓	○
LM 4	■	✓	■	✓	○	○

*DM – District Municipality*

*LM – Local Municipality*

**KEY**

Shows <b>strong</b> planning response to HIV/AIDS.	Shows <b>average</b> planning response to HIV/AIDS.	Shows <b>weak</b> planning response to HIV/AIDS.	<b>Nonexistent</b> planning response to HIV/AIDS.
✓	■	▣	○

The key shows the strength of municipal planning for HIV/AIDS mainstreaming, rated in the categories of **strong**, **average**, **weak** and **nonexistent**.

## Metropolitan municipalities

On paper (IDP's), metropolitan municipalities (metros 1, 2 & 3) proved that they could handle integrating HIV/AIDS into their planning in terms of priorities and strategies, and into their projects on top of planning for health-based responses (VCT's, door to door campaigns, AIDS awareness campaigns, etc.).

Metropolitan municipality IDP's also had municipal programs (indigent programs) for HIV/AIDS, sector plans for HIV/AIDS, and in general showed good HIV/AIDS mainstreamed response planning (internal and external mainstreaming) as well as intersectoral collaboration. The IDP for metro 1 showed how well HIV/AIDS could be integrated in key sectors such as housing and community development, in addition to well planned health based responses.

## District Municipalities

District municipality IDP's all acknowledged the strategic importance of addressing HIV/AIDS; however, following this up in terms of a well articulated, integrated mainstreamed response (in IDP programs) proved to be a problem.

District municipality IDP planning for external mainstreaming was patchy, not well articulated, and needed greater consolidation especially in terms of integrating HIV/AIDS in key sectors such as housing, and community development, and strengthening municipal intersectoral collaboration. District IDP's mentioned planning for internal mainstreaming; but again this

needed to be articulated clearly, and also had municipal programs (indigent programmes) which proved to be the *only* form of HIV/AIDS mainstreaming in place.

The major weakness in district municipality IDP's is the relative absence of sector planning which shows how HIV/AIDs programmes are integrated into the core business of sectors; the inability of district municipalities to effect sector planning for HIV/AIDs has a telling effect on local municipalities in their jurisdiction, since districts play a role of integrating locals in their planning systems. It is therefore not surprising that health based planning responses (prevention, care, education awareness campaigns, door to door, home based care, condom distribution, etc.) dominated district planning for HIV/AIDS as compared to an integrated, mainstreamed response planning.

#### Local Municipalities

Local municipality IDP's realized the strategic importance of HIV/AIDS, but could not follow through with planning that could address a mainstreamed response to HIV/AIDS. As a result, local municipality planning was inadequate in terms of integrating HIV/AIDs in municipal IDP's. In most cases, HIV/AIDS planning for mainstreaming in local municipality IDP's was simply *nonexistent*, probably caused in part by the inability of districts to implement HIV/AIDS mainstreamed planning.

There were no sector plans for HIV/AIDS; in general, local municipality IDP's were unable to cope with mainstreaming HIV/AIDS.

Health-based planning (VCT, education awareness programs, condom distribution, etc.) as a response to HIV/AIDS dominated local municipality planning. Local municipality planning showed lack of intersectoral collaboration, as characterized by standalone HIV/AIDS programs that were largely disassociated from other key sector players in service delivery such as housing, water & sanitation, and community development.

#### **4.2.2.2 Nature of response to HIV/AIDS**

##### **Metropolitan municipalities**

Metropolitan municipality IDP's showed planning responses to HIV/AIDS that consisted of the combination of mainstreamed responses coupled with a variety of health programming responses (e.g. prevention and care efforts) ranging from as PMTCT, VCT, door to door campaigns, literacy campaigns), as well as various efforts aimed at improving the level of primary health care in order to address the pandemic in their respective localities.

##### **District municipalities**

District municipality responses to HIV/AIDS varied greatly; on one hand one district municipality IDP planned for an integrated (mainstreamed response) on top of health planning responses, another district IDP planned for an integrated AIDS strategy that was not well defined and articulated. One district IDP did not even plan for an integrated response.

With the exception of one district municipality, planning for an integrated response proved to be a problem; sector planning for HIV/AIDS lacking, with no linkages between service delivery and HIV/AIDS. Planning for biomedical responses (prevention and care, etc.) dominated district municipality planning responses as compared to mainstreamed responses.

##### **Local municipalities**

As a reflection of district municipality inability to integrate HIV/AIDs in their IDP's, most local municipality IDP's could not plan for integrated responses, and health based planning dominated their IDP's.

In some cases, external and internal mainstreaming were mentioned as crucial strategies for HIV/AIDS, but not carried forward in municipality project planning.

#### **4.2.2.3 Variances in responses to HIV/AIDS**

What was interesting to note was that there were variations in responses with regard to metro, district and local municipality IDP's.

### Metropolitan municipalities

In terms of IDP planning for integrated responses to HIV/AIDS, metro IDP's were clearer and focused in terms of overall strategic planning and operational planning. Metro municipality IDP's showed the ability for intersectoral cooperation, sector planning (service delivery outcomes linked to HIV/AIDS concerns), and in general were able to formulate a stronger strategic response to HIV/AIDS, in terms of integrating it into sectoral plans, and in municipal development projects.

### District Municipalities

In general, district municipalities in terms of planning strength showed average to weak planning strengths in integrating HIV/AIDs into their IDP's. District municipality IDP's largely depended on health based responses, meaning that district institutional systems could not coordinate the mechanisms of HIV/AIDS mainstreaming.

### Local Municipalities

Local municipality IDP's reflected total lack of ability in integrating HIV/AIDS in their planning processes, right from strategic planning, down to the projects phases.

As previously mentioned, this was most likely a reflection of district municipality planning weakness that also affected local municipalities.

#### **4.2.3 Questionnaire responses with HIV/AIDS Coordinators and IDP Managers**

The results from the questionnaire and interview response can be divided into seven main aspects: *Aids Councils, Guidelines and policies, Staff retention, Coordination and procurement, Staff training and campaigning, Prioritisation and roll-out of services and Ward committees.*

#### 4.2.3.1 Aids Councils

It was clear from the responses that some of those who responded had established and functional Local Aids Councils (LAC) with the exception of a mixed response from the Gamagara Local Municipality in the Northern Cape and a complete denial from the Cape Winelands District Municipality in the Western Cape. The Gamagara Local Municipality stated that they had a non-functional LAC but *“all correspondence related to Aids Councils is handled by the office of the Mayor and is not easily cascaded down to Special Programs”* while the Cape Winelands District Municipality gave no explanation after denying to have a functional local HIV/AIDS council, and further obviously accepting to have held no meetings regarding the issue.

Other municipalities were confident in their responses, for instance:

The Local AIDS Council is a political structure because it is chaired by the Mayor or a delegated Councillor. The legislation framework prescribes that phenomenon. (Ingquza Hill Local Municipality).

Hibiscus Coast Municipality has a local Aids Council which has been adopted by council and it has its own terms & reference. (Hibiscus Coast Municipality)

FPD (Foundation for Professional Development) is the secretariat for TMAC (Tshwane Mayoral AIDS Council) (City of Tshwane, Metropolitan). What was apparent from those who responded positively to the availability of the LACs was the political commitment from the offices of the Mayors.

#### 4.2.3.2 Guidelines and policies

With regards to the policies and guidelines relating to HIV and AIDS and their integration into the employee wellness initiatives in the workplace, there were non-uniform or rather extremely different responses, ranging from complete non-implementations of Local Government Guidelines, well adhered to guiding principles, to those who were on the brink of taking-off.

Those in the negative extreme included Gamagara Local Municipality which stated that the ‘Municipality has not implemented any programs although we attended the workshop facilitated by SALGA on the HIV and AIDS Country Guideline last year’, while the middle-of-the-roaders came in the form of Ingquza Hill Local Municipality. The latter declared that they were ‘on the brink of implementing the: A Guide for Local Government’.

The well performing City of Tshwane Metropolitan claimed to have ‘an approved Strategy for 2007- 2011’, and there ‘is already a draft reviewed one for 2012-2016 pending finalisation and

approval.’ In addition, they reported to have formulated ‘a Mainstreaming Framework’ which ‘incorporates every Department’.

The Hibiscus Coast Municipality asserted that *‘the Municipality has a workplace policy and Wellness programmes which includes HIV & AIDS in place’*, even though they did not go into details as to how the policies are monitored and evaluated.

#### **4.2.3.3 Staff retention**

The retention of staff members that are infected with HIV or those living with AIDS was appalling for the municipalities that did not seem to adhere to policies. Some claim that ‘people affected by HIV and AIDS leave the employment to die at home and most don’t come back due to stigma associated with the disease’ (Gamagara Local Municipality).

Arguably, the same may be assumed for Ingquza Hill Local Municipality since they have not started implementing the strategies, even though the policies are now ready and in place. Interestingly, the Cape Winelands District Municipality claimed to have staff retention programmes but failed to mention the source of information that would verify this.

While the situation may be grim for others, some parts of the country have some promising initiatives. The City of Tshwane and the Joburg Metro are the best respondents at this. They react by ‘changing *the job description*’ of an affected employee *‘into a lighter job’* and *‘when that fails relocation to another post occurs’*. In addition, *‘occupational Health and Safety has formulated a policy for assistance of those who are medically incapacitated’*.

The Hibiscus Coast Municipality also confirmed to have an HIV & AIDS policy which covers the clause to retain HIV and AIDS infected and affected people in the employ of their municipality.

It is therefore obviously clear that while other Municipalities and Metros may have well-designed and practical Employee Wellness programmes due to the adherence to national policies and strategies, municipalities like Cape Winelands District and Gamagara would not have been able to confirm this for obvious reasons.

#### **4.2.3.4 Coordination and procurement**

With regards to annual reporting of the coordination and procurement of information that would assist in combating the HIV and AIDS pandemic, and compilation of locality-specific information on HIV and AIDS prevalence and incidence, there were again varied yet surprising

responses. For instance, the Cape Winelands District Municipality, which performed rather badly in the preceding questions, is very much aligned with the Integrated Development Plan (IDP).

They also claim that ‘the municipality is assisting and funding organisations in the field of HIV/AIDS, amongst others as part of its Social Development Programme’, and there was also ‘emphasis on food security initiatives, HIV/AIDS Awareness Campaigns, 16 Days Campaigns and the signing of a Benchmark Agreement’. Moreover, ‘once a year the Provincial Treasury Department compiles a Socio-economic Profile for the district and supplies the municipality with provincially collected statistics on the prevalence of HIV/AIDS and other data’.

Additionally, the City of Tshwane Metropolitan asserted that they compile an ‘Annual Report’ that deals with these issues and locality-specific information on HIV and AIDS prevalence and incidence was obtained through the ‘Antenatal Clinics Survey’. On the other hand, this Metropolitan had no HIV/AIDS in the IDP, something which was very surprising more especially if we consider how effective their programs are.

This phenomenon was also echoed by the Gamagara Local Municipality who claimed that ‘the IDP is very silent around HIV and AIDS’ although they (employees) know that they ‘have targets to meet’.

While the Ingquza Hill Local Municipality, Cacadu and Hibiscus Coast relied a lot on the Department of Health in this regard, ‘especially the District office’.

Having highlighted the gains in this regard, one would however notice that there does not seem to be clear flow of information from HIV and AIDS service providers such as NGOs, labour and the private sector regarding coordinating and procurement of information, something which may render the improvements futile. And also, whether the information from districts and provincial offices is used effectively remains unchallenged.

The majority of the respondents made provisions for relief to those households whose livelihoods are negatively affected by HIV and AIDS with the exception of the Cape Winelands District Municipality which claimed this was not applicable to them. The Gamagara Local and Hibiscus Coast Municipalities even have ‘indigent *register and special provisions*’. The disappointing feature was the percentage of budget allocated to primary healthcare activities which are explicitly earmarked for HIV and AIDS prevention.

Most municipalities ranged between 0% and 25 %, with zero a likely possibility. Only the Hibiscus Coast Municipality reported a budget in the region of 26-50%, and their figures were obtained from Expenditure report from Municipal clinics, whereas the Tshwane and Joburg Metro attributed their response to the ‘*Gauteng Department of Health (The funder of the AIDS Programme)*’.



#### 4.2.3.5 Staff training and campaigning

Interestingly and most promising, most municipalities claimed to have HIV and AIDS education and prevention programmes integrated into municipal training programmes for councillors and staff. These initiatives ranged from *'Health and Social Development Training Office'* to receiving assistance from SALGA *'with training programs which includes both officials and politicians dealing with HIV and AIDS programs'*. Others asserted that *'it is within the scope of the Local AIDS Council'* and that the *'HCM employees has been done and training for councillors is in pipeline'*.

Furthermore, and even more interesting, all the respondent municipalities participated in at least one communication campaign to reduce the stigma attached to HIV and AIDS. The campaigns included *'Door to Door education Programmes that are coordinated by the Multisectoral AIDS Management Unit'* and *'local government games which were in support of healthy lifestyles and contact sports being used as a platform to talk about HIV and AIDS and how its related to gender based violence and non discrimination of affected and infected people'*.

Other campaigns were designed for specific groups, for an example *'Youth Talk Show was done for schools around Hibiscus Coast Municipality, where issues on HIV & AIDS, STI & teenage pregnancy were discussed'* and Rural & Social annual awareness program. Overall, most municipalities maintain that they are doing this quite well.

#### 4.2.3.6 Prioritisation and roll-out of services

Very few were able to respond affirmatively on the design, prioritisation and roll-out of basic services (water, sanitation, roads, refuse, and power) as set out in the Municipal Infrastructure Investment Policy and Strategy, or similar policy, explicitly reflecting consideration of HIV and AIDS infected and affected people as beneficiaries. This was, according to the Gamagara Local Municipality *'due to the fact that the strategy has not been adopted by the council, therefore 'little has been done in consideration of benefitting HIV and AIDS infected people'*.

Others argue that *'because of the past experience of instability, those services were not provided'* and the municipality does *'not have such competency, it is a rural municipality'*. (Ingquza Local Municipality).

The only municipality that was able to provide a positive response was the Hibiscus Coast Local Municipality. They cited that the *'subsidization of municipality service payments is through the indigent Policy implementation which ensures the accessibility of basic services to the community'*.

#### 4.2.3.7 Ward committees

Most municipalities show that there was a dismal show of representatives of people living with HIV and AIDS in the ward committees. Some respondents, for instance Hibiscus Coast and Gamagara Local Municipality, gave no explanation to this, while others, for example Ingquza Local Municipality ‘are ***currently launching the Ward AIDS Forums that include the Ward Committees and the Ward Councillors***’. Only the City of Tshwane Metropolitan reported an almost perfect composition of its committees, a figure between 76% and 100%. While the City of Johannesburg has a functional Ward Committees.

### 4.3 Conclusion

Out of both the IDP review and the questionnaire and interview response, it is therefore concluded that there is limited evidence that HIV and AIDS issues have effectively been mainstreamed into the IDP. Scrutinising the sector plans and programmes to establish whether this finding applies to solely to HIV and AIDS reveals that this is not the case. This suggests that mainstreaming HIV and AIDS is proving a particularly difficult in the IDP process. Lack of resources and the willingness of municipality play a major role.

## **Chapter 5 Conclusion and Recommendations**

### **5.1 Introduction**

This chapter presents recommendations and conclusions drawn in terms of the aims and rationale of the study. Recommendations are proposed in terms of theory and empirical findings. Areas for future research are suggested with recommended guidelines on mainstreaming for municipalities.

### **5.2 Recommendations**

#### **5.2.1 Mainstreaming HIV and AIDS into IDP**

Mainstreaming should be understood to be referring to bringing something into the one's main areas of work as opposed to treating it only as a special side-issue with its own dedicated programmes. It is often used to describe what we have to do to achieve integration of gender issues in all policies and programmes.

Thus HIV and AIDS mainstreaming, is an approach whereby HIV and AIDS is seen through a development and governance lens as opposed to it being viewed as a separate and stand alone health issue. Mainstreaming as an approach to HIV and AIDS requires municipalities, to analyse how HIV and AIDS impacts on themselves as organisations and on their core work, and to determine how they should respond.

The concept of mainstreaming is based on the understanding that HIV and AIDS is not merely a health issue and that education and awareness around prevention is not enough to stop the rapid spread of the disease and deal with its consequences. To deal with the negative impacts of the epidemic, we need sustained, equitable and inclusive socio-economic development. This means that all sectors, including those that traditionally are not considered to have a bearing on health issues, have a role to play in responding to HIV and AIDS.

Mainstreaming requires all municipal departments to look at their core work through the lens of HIV and AIDS and to take HIV and AIDS causes and effects into account during all stages of the municipal planning, implementation, budgeting, and monitoring and evaluation process. Mainstreaming should be taking place in both the internal functioning of a municipality, and the externally focussed service delivery work.

The framework for an integrated local government response to HIV and AIDS and the handbook for facilitating development and government responses should be distributed and marketed to all municipalities. Doing so will create awareness and understanding on HIV and AIDS as a cross-cutting multi-sectoral issue as well as increase the possibility of municipalities to move away from the traditional infrastructure approach and response to a more developmental approach and response to HIV and AIDS.

### **5.2.2 Streamlining municipal systems for better HIV and AIDS mainstreaming**

In order to streamline municipal systems for better HIV and AIDS mainstreaming municipal hierarchical structures should be redesigned to strategically place HIV and AIDS in a department where there will be executive oversight and coordination. Secondly, district and local municipal need o build sufficient managerial, administrative and technical capacity to manage and coordinating HIV/AIDS multi-sectoral strategies. Thirdly, there needs to be training and support to sector departments within the municipality to create capacity for mainstreaming HIV and ADIS. Lastly on reconfiguring municipal systems, HIV/AIDS should be included in the Key Performance Indicators (KPIs) and scorecards of Municipal Managers.

### **5.2.3 Effective coordination of the multi-sectoral response**

An effective coordination of the multi-sectoral response needs strong and organized local government-civil society cooperation with a strong political, civil and executive buy to drive and enhance coordination of HIV/AIDS multi-sectoral responses. Lastly to strengthen coordination it is suggested that Local AIDS Councils be strengthened so to play the much needed coordinating role of multi-sectoral responses.

### **5.2.4 Fine-tuning intergovernmental relations**

There needs to be strengthening of Intergovernmental Governmental Relations forums to work on ensuring greater integration and vertical alignment between the spheres of government for greater and effective mainstreaming. Lastly on fine-tuning intergovernmental relations, there need to be greater cooperation between the Provincial and District AIDS Councils.

### **5.2.5 Capacity building**

There need to be capacity building to ensure that municipalities are sufficiently capacitated to improve planning on HIV/AIDS particularly during IDP reviews. An inter-municipal network should be established to facilitate learning and information sharing within and between municipalities. HIV/AIDS does not rest within a single directorate. Therefore all directorates in the municipality should be trained in terms of their role in HIV and AIDS as well as integrating HIV/AIDS into the IDP.

### **5.2.5 Planning**

At the centre of dealing with HIV and AIDS is effective planning. Municipalities therefore need a database of available sources of information and useful contact persons to facilitate effective planning. The Spatial Development Frameworks of municipalities must reflect HIV and AIDS; and poverty hot spots as well as visually reflect projects and interventions on a spatial format. There should be efforts to improve the availability and reliability of statistics in respect of infection rates and causes of mortality per locality. Lastly, awareness should be created on the impact of HIV and AIDS on the institution, “the municipality itself” and its officials. HIV and AIDS should not only appear in the IDP as an “external” community issue that has no impact on the organization itself.

### **5.2.6 Partnerships**

To deal effectively with the scourge of HIV and AIDS, there is a need to have a strategy that will guide engagements between the municipalities and the private sector. An enabling environment that facilitates partnership with community based organizations in terms of contract management needs to be strengthened. There also need to be vertical and horizontal inter-municipal linkages between municipalities. Lastly training must be provided to municipalities to:

- How to activate the projects in the actual IDP.
- How to raise external funding
- Project management and scheduling
- How to outsource
- Contract Management
- Basic Performance Management

### 5.3 Guidelines for mainstreaming HIV and AIDS in Municipal IDP's

The halogen network (municipal brief 1-2009), proposed the following actions that will help municipalities to mainstream HIV and AIDS:-

- **Bring about a shared view about HIV and AIDS and a sense of urgency that all partners have a role to play**

*Example:* host a local HIV and AIDS summit with affected communities, civil society, sector departments and local businesses.

- Know the scale and the nature of the epidemic in your municipality

*Example:* Commission an HIV and AIDS prevalence and incidence study. Do sector department assessments to see how day-to-day municipal work is impacting on HIV and AIDS and how HIV and AIDS impacts on the municipality.

- Encourage every municipal department to integrate HIV and AIDS into their plans to be included in the IDP.

*Example:* provide support and capacity building to relevant staff members and identify a staff member to take responsibility for driving the mainstreaming process.

- Foster effective leadership on HIV and AIDS

*Example:* find creative ways of sensitizing managers to the challenges associated with HIV and AIDS and making them more aware. Develop key performance indicators for managers to assess performance against cross-cutting issues and HIV and AIDS mainstreaming.

- Build and sustain partnerships with relevant stakeholders

*Example:* Encourage the establishment of a representative forum e.g. Local AIDS Councils (LAC). Collaborate on events/initiatives with relevant organizations.

## 5.4 Conclusion

This study raises specific critical questions about the extent to which local government is prepared and able to deal with issues relating to HIV and AIDS.

It attempts to contextualize some of the responses as well as highlight critical challenges faced at the municipal level. The different reports of the participating municipalities show that there is no one solution to addressing the impacts of HIV and AIDS at local government level. Instead it highlights the need to understand that there is an array of responses needed but also a need to recognize that different municipalities perceive the problem and their responses differently.

Each strategy that attempts to address the HIV and AIDS in service delivery needs to look at the extent to which municipalities understand and own the problem as their own. It also raises the issues that different resources, expertise and techniques are required and all of this impacts on the municipality's ability to fully mainstream HIV and AIDS in their overall implementation and service delivery processes.

While attempts are made to make some progress in this area, the issue of whether this is a funded or unfunded mandate is not something that can be ignored. In addition to this officials in municipalities are saying that it's not so much an issue of identifying the problem, it's more a question of how to move from problem identification to workable and practical "How to" solutions.

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## Addendum A

### Research questionnaire

#### HIV & AIDS Mainstreaming in Municipalities Integrated development plans (IDP's)

This questionnaire should be completed by the most senior manager responsible for HIV and AIDS within the municipality. If such a responsibility is not clearly allocated, the Municipal Manager should assign responsibility to the appropriate manager (please note that broad oversight of municipal functions is useful and the most senior planner may be the best option).

Because this is a pilot survey, you may experience difficulties in completing some of the questions – an opportunity to indicate this is included at the end of the questionnaire. Please note that the questionnaire does not include “don’t know” responses as these are not useful to the refinement of the survey. If you really cannot answer the question, please indicate this in the box that is provided under each question (which is normally used for listing verification information.)

The purpose of this survey is fully explained in the attached letter from Ms Winnie Dhlamlenze the M Phil HIV and AIDS; student from Stellenbosch university (Tel: (012) 369 8082, cell 082 908 2884). Please complete the survey within 14 days of receipt and return to the contact details below:

Email: [wdhlamlenze@salga.org.za](mailto:wdhlamlenze@salga.org.za)

Your cooperation in this task is much appreciated

### Identification

<b>Name of Municipality</b>	
<b>Municipal Type</b>	

<b>Province</b>		
<b>Post of person completing questionnaire</b>		
<b>Name of person completing questionnaire</b>		
<b>Contact details of person completing questionnaire</b>	<b>Office Tel.</b>	
	<b>Cell</b>	
	<b>email</b>	
<b>Date of submission</b>		

## Addendum B

### Research questions

1. Has the municipality participated in any Local Aids Council meetings or attempted to establish a LAC within the last financial year? (*Please mark with an X*)

Yes	No
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Please mention the source of information that would verify this:

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2. Has the municipality implemented any guidelines or frameworks (e.g. *Managing HIV and AIDS in the Municipal Workplace: A Guide for Local Government* (SALGA, South African Cities Network, dplg) relating to HIV and AIDS in the workplace? (*Please mark with an X*)

Yes	No
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Please explain your answer and mention the source of information that would verify this:

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3. Does the municipality have an approved policy or strategy that deals specifically with the matter of HIV and AIDS? (Please mark with an X)

Yes	No
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Please explain your answer and mention the source of information that would verify this:

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4. Has the municipality integrated HIV and AIDS policy into existing employee wellness initiatives? (*Please mark with an X*)

Yes	No
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Please explain your answer and mention the source of information that would verify this:

5. Are policies or systems in place to retain HIV and AIDS infected and affected people in the employ of the municipality? *(Please mark with an X)*

Yes	No
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Please explain your answer and mention the source of information that would verify this:

6. Is there clear evidence in the IDP or Annual Report of the coordination and procurement of information that would assist in combating the HIV and AIDS pandemic (typically this information would come from HIV and AIDS service providers such as NGOs, labour and the private sector?) *(Please mark with an X)*

Yes	No
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Please explain your answer and mention the source of information that would verify this:

7. Does the municipality compile locality-specific information on HIV and AIDS prevalence and incidence? *(Please mark with an X)*

Yes	No
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Please explain your answer and mention the source of information that would verify this:

8. Does the IDP Review document include explicit examination of progress against targets related to HIV and AIDS? *(Please mark with an X)*

Yes	No
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Please explain your answer and mention the source of information that would verify this:

9. Do the performance contracts of senior managers (Section 57 managers) include responsibility for ensuring equity for people living with HIV and AIDS? (*Please mark with an X*)

Yes	No
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Please explain your answer and mention the source of information that would verify this:



10. Does the tariff and rates policy of the municipality make provision for relief to those households whose livelihoods are negatively affected by HIV and AIDS? (*Please mark with an X*)

Yes	No
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Please explain your answer and mention the source of information that would verify this:

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11. What % of the budget for primary healthcare activities is explicitly earmarked for HIV and AIDS prevention, treatment and care (please indicate in the box below if your municipality has not been delegated the primary healthcare function)? (*Please mark with an X*)

0-25%	26-50%	51-75%	76-100%
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Please mention the source of information that would verify this:

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12. Are HIV and AIDS education and prevention programmes integrated into municipal training programmes for councillors and staff? *(Please mark with an X)*

Yes	No
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Please explain your answer and mention the source of information that would verify this:

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13. Does the design, prioritisation and roll-out of basic services (water, sanitation, roads, refuse, and power) as set out in the Municipal Infrastructure Investment Policy and Strategy, or similar policy, explicitly reflect consideration of HIV and AIDS infected and affected people as beneficiaries? *(Please mark with an X)*

Yes	No
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Please explain your answer and mention the source of information that would verify this:

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14. Within the previous financial year, has the municipality mounted or participated in at least one communication campaign to reduce the stigma attached to HIV and AIDS?  
(Please mark with an X)

Yes	No
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Please explain your answer and mention the source of information that would verify this:

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15. Does your LED strategy have a component that addresses HIV/AIDS? (E.g.: Consideration of the HIV risks and impacts of LED strategies, encouragement of businesses to have an HIV/AIDS policy and HIV/AIDS strategy, encouragement of businesses to support PLWHA and promote equity as well as employment of women, youth, people with disabilities etc)  
(Please mark with an X)

Yes	No
-----	----

Please mention the source of information that would verify this:

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1. What % of ward committees have at least one member who represents the interests of people living with HIV and AIDS? *(Please mark with an X)*

0-25%	26-50%	51-75%	76-100%
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Please mention the source of information that would verify this:

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2. Please indicate how easy / difficult it was to complete this questionnaire:

Degree of difficulty	Mark with X	Reason	Suggestion
Very difficult			

Difficult			
Fairly easy			
Easy			

3. Please list by topic and number the questions you did not understand and indicate what was confusing

Topic	Question No.	What was confusing?

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4. Approximately how long did it take to complete this questionnaire:

Time to complete	Mark with X
< 1 hour	
1 – 2 hours	
> 2 hours	
> 3 hours	

**THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN THIS QUESTIONNAIRE**